



# INJECTION WELL WORK PERMIT

Office of Conservation  
Injection and Mining Division

**UIC-17**

|                                       |         |                                    |      |                |  |
|---------------------------------------|---------|------------------------------------|------|----------------|--|
|                                       |         | IMD Injection Well Work Permit No. |      |                |  |
| Operator's Name and Address:          |         |                                    |      | Serial No.     |  |
|                                       |         |                                    |      | Operator Code: |  |
| Well Name and Number:                 |         |                                    |      | Phone (     )  |  |
|                                       |         |                                    |      | Fax (     )    |  |
| Field:                                | Parish: | Sec.                               | Twp. | Rng.           |  |
| <b>DESCRIPTION OF WORK</b>            |         |                                    |      |                |  |
|                                       |         |                                    |      |                |  |
|                                       |         |                                    |      |                |  |
|                                       |         |                                    |      |                |  |
|                                       |         |                                    |      |                |  |
|                                       |         |                                    |      |                |  |
|                                       |         |                                    |      |                |  |
|                                       |         |                                    |      |                |  |
| Field Contact to Schedule Well Test : |         |                                    |      | Phone:         |  |
| Permit Requested By:                  |         |                                    |      | Date           |  |
| Signature:                            |         |                                    |      |                |  |
| Permit Authorized By:                 |         |                                    |      | Date           |  |

## INSTRUCTIONS

A single application will suffice for one, or combinations of, the operations below provided that if more than one operation is requested on one form, such work must be performed consecutively.

|   |   |
|---|---|
| 1. Plug and Abandon<br>(Provide Well Schematic) | 7. Back Wash or Other Well Stimulation (Class I Wells Only) |
| 2. Deepen                                       | 8. Pull Casing  |
| 3. Perforate                                    | 9. Replace Wellhead   |
| 4. Squeeze                                      | 10. Acidize (Class I Wells Only)                            |
| 5. Plugback                                     | 11. Other (Any work requiring use of Workover Rig)          |
| 6. Pull Tubing/Packer                           | For Change Zone of Disposal/Completion submit Form UIC-32   |

**Mail all Injection Well Work Permits to:**  
Department of Natural Resources  
Office of Conservation  
Injection and Mining Division  
P.O. Box 94275  
Baton Rouge, LA 70804-9275

**To perform any of the above work types without first obtaining a work permit is a violation of the law (LAC 43:XIX.105.), which carries with it possible civil and criminal penalties.**